

3118

## 2. PAIN ASSESSMENT IS PATIENT CONSCIOUS, COMMUNICATIVE, AND ACKNOWLEDGING PAIN?

IF NOT, IS THE SEDATION SCORE > 2 AND THE PATIENT: KNOWN TO BE IN PAIN BEFORE BECOMING UNCOMMUNICATIVE OR

S/P RECENT SURGERY

OR

HAVING TISSUE ISCHEMIA OR INFARCT

OR

S/P RECENT FRACTURE

OR

HAS WOUNDS

OR

HAS LARGE TUMOR POSSIBLY IMPINGING ON NERVES?

IF YES TREAT FOR PAIN.

3120

## 3. DELIRIUM ASSESSMENT

IS SEDATION SCORE >2 AND PATIENT HAS:
DAY/NIGHT REVERSAL WITH INCREASED AGITATION AT NIGHT
OR

EYES OPEN AND "AWAKE" BUT DISORIENTED OR

EYES OPEN AND "AWAKE" BUT PULLING AT LINES, TUBES, OR DRESSINGS.

DIFFICULT TO SEDATE PRIOR TO VENTILATOR WEANING

OR
PARADOXICAL RESPONSE TO BENZODIAZEPINES?

IF YES, CONSIDER BUTYROPHENONE.

FIG. 35A

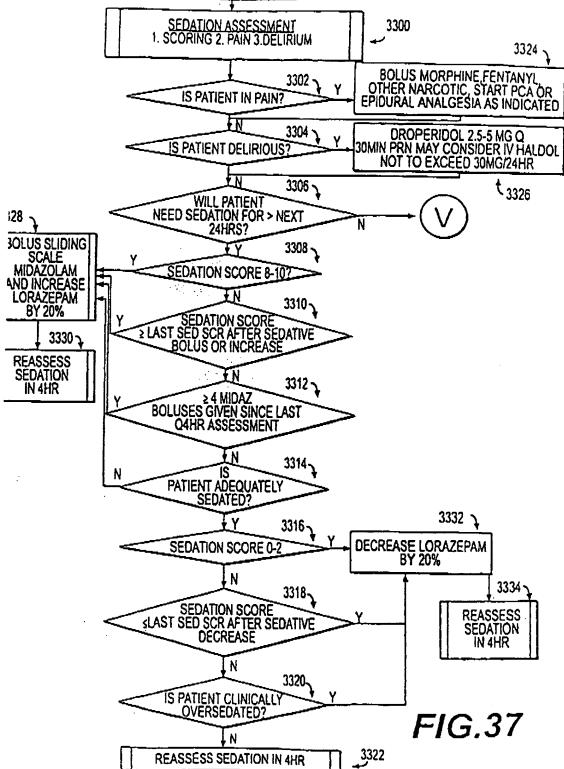
IF LORAZEPAM <0-2 MG IV Q 6HR THEN GIVE MIDAZOLAM 1-2 MG Q 5 MIN UNTIL ADEQUATELY SEDATED.

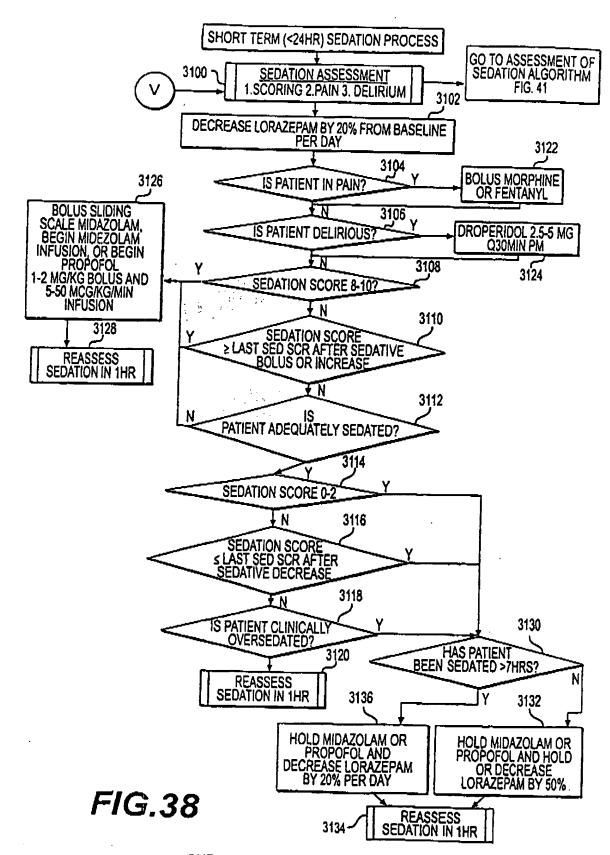
IF LORAZEPAM =2-4 MG IV Q 4HR THEN GIVE MIDAZOLAM 2 MG Q 5MIN UNTIL ADEQUATELY SEDATED.

IF LORAZEPAM =5-10 MG IV Q 4HR THEN GIVE MIDAZOLAM 2-5 MG Q 5 MIN UNTIL ADEQUATELY SEDATED.

IF LORAZEPAM >10MG IV Q 4HR THEN GIVE MIDAZOLAM 5 MG Q 5MIN UNTIL ADEQUATELY SEDATED AND CONSIDER FENTANYL AND/OR DROPERIDOL OR HALDOL FOR SYNERGY DESPITE DELIRIUM AND PAIN ASSESSMENT.

FIG.36





ر 3510

NO ISOLATION

REQUIRED

FIG.39

s 3530

NO

NO ISOLATION REQUIRED

ISOLATION

REQUIRED

3528

TREATMENT

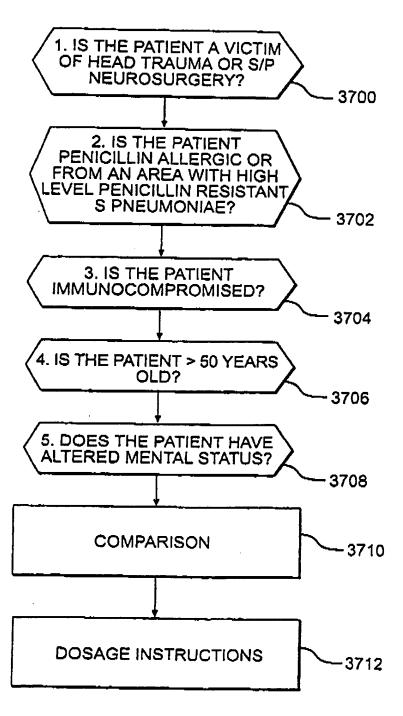
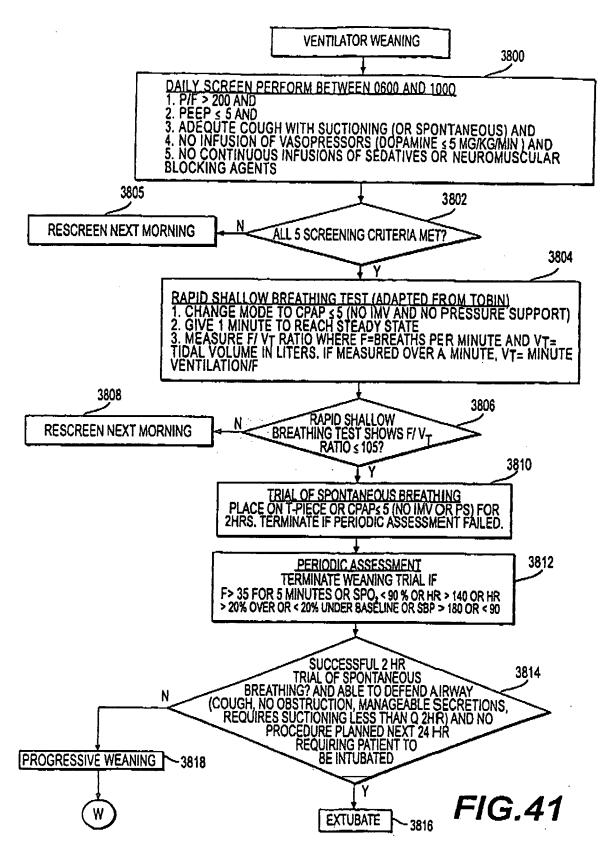


FIG.40



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FIG.41A

## WARFARIN DOSING ALGORITHM

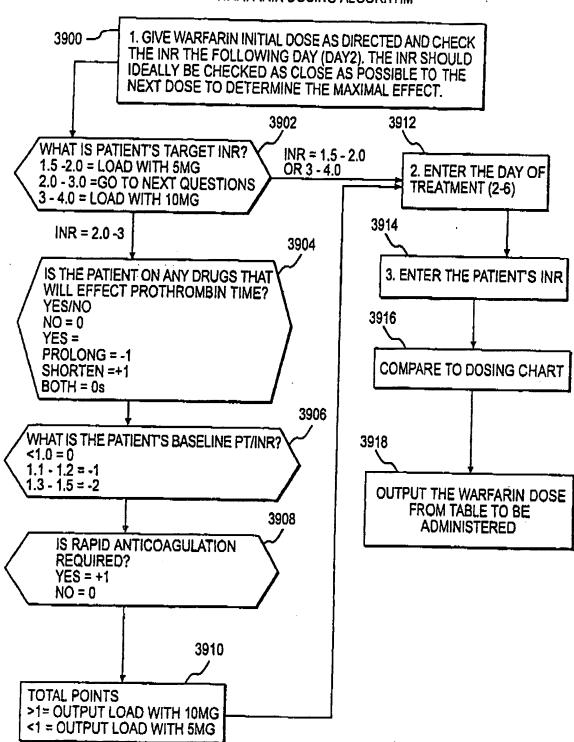


FIG.42

FIG.43

PLATELET COUNT GOES BELOW 50,000/MM-3